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From the Editor Slicing Up the Quality Pie

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From the Editor

Slicing Up the Quality Pie

It seems to me that measuring and evaluating the quality of medical care in all settings has moved in the last six years from an activity characterized as grudgingly necessary to one of national headline-grabbing importance. Within the last years, three national organizations have begun to slice up the quality of care pie.

At its December 1995 meeting, the Board of Trustees of the American Medical Association (AMA) approved recommendations relating to the development of an AMA physician office-based national quality assessment program. This new program has three broad activities including physician performance assessment, physician practice profiling, and physician practice parameters. The performance assessment program, headed by Ms. Lynn Thomas, will begin the development of specific physician performance assessment instruments and pilot testing of such instruments by the end of 1996. The goal is to develop and co-sponsor, with other health care organizations, a fully functional physician performance office-based assessment program. The AMA will also create a physician performance assessment forum where organizations and private companies interested in working with the AMA may meet and discuss their tools and opportunities for cooperation. In addition, the AMA has convened an expert consultant panel, of which I am privileged to be a member, on physician performance assessment. This panel is to aid the assessment effort and serve as a clearinghouse for the evaluation of new information at the national level.

The profiling effort, led by Mr. John Crosby, consists of a partnership between the AMA and numerous private organizations on both the provider and evaluation fronts. The AMA hopes to conduct pilot projects in six or more specialties that will seek to use physician profiles and continuing medical education strategies to change physician behavior and improve the quality of care. This is to be done in the context of non-punitive feedback to physicians about their own performance relative to local peers.

The practice parameters aspect of the project, led by Ms. Margaret Toepp, builds on the AMA's admirable history of cooperation with the Agency for Health Care Policy and Research (AHCPR) and the specialty societies in the establishment of a public/private clearing house for practice parameters. In addition, for five years, the AMA has been publishing an annual directory of practice parameters, a formidable task now that national parameters number in excess of 2,000.

Of course, readers are probably familiar with the National Committee on Quality Assurance (NCQA) headquartered in Washington, D.C. The NCQA has been a leader in accrediting managed care organizations of all types since 1991. In conjunction with large employer groups nationwide, the NCQA has created the Health Employer Data Information Set or HEDIS, now in its third iteration. NCQA accreditation has become the "Good Housekeeping Seal of Approval" for managed care organizations and an important component of their overall quality evaluation and improvement strategy. NCQA deserves credit for opening the seeming black box of office-based practice and implementing population-based measures of quality and efficiency of practice.

Not to be outdone by the AMA and NCQA, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) has moved aggressively to create not only an imprimatur of quality for hospitals in the traditional sense, but also to push the entire industry to think about the tenets of continuous quality improvement. Indeed, while visiting here at Jefferson, Dr. Dennis O'Leary said, in September of 1992, that his mission was to broaden the so-called Agenda for Change and imbue all health care workers with a sense of the importance of the tenets of continuous quality improvement. Under Dr. O'Leary's leadership, the JCAHO has created the Council on Performance Measurement. The 19 member council (of which I am a member) is charged with identifying those performance measurement systems which will qualify for inclusion in the future accreditation process.

In conclusion, this is how I envision one could slice the national quality of care pie. The AMA will utilize the results of its performance assessment programs to identify national opportunities for improvement through the powers of continuing medical education and physician profiling. The AMA will assist doctors in meeting the requirements of many external review entities through the development of an office-based quality oriented process. The NCQA will broaden its reach to include all managed care organizations, PHOs and related structures. It will continue to represent the seal of approval in the managed care industry. Finally, the JCAHO will focus on non-managed care structures such as hospitals and integrated delivery systems. With the debut of network accreditation, the JCAHO has assured itself an important niche in the future of national quality review and improvement. This is a complex recipe for a quality improvement pie but one that will, hopefully, result in tangible benefits for patients, providers and payers. If you are interested in learning more about these concepts, be on the look out for *Promoting Clinical Competence* (Nash DB, Tanio C and Seltzer J), a new book to be published this summer by the American College of Physicians (ACP) here in Philadelphia. As usual, I am very interested in your views.

- David B. Nash, MD, Editor